

## AUDITION FORM

*(Please PRINT clearly.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone:  Home (\_\_\_\_\_) \_\_\_\_\_  Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ How late may we call you in the evening? \_\_\_\_\_

*Please check the box of the best number to call you in the evening.*

Email: \_\_\_\_\_

Age:  Under 18--please specify: \_\_\_\_\_  18--above

Are you a member of the Players Guild of Dearborn?  Yes  No

**Please note:** If you are not a member and you are 18 years of age or older, you will be required to become a member.

A completed membership application and your membership dues (which will include your annual dues and a one-time initiation fee) are to be turned in at your first rehearsal. If you are not a member and you are under the age of 18, one parent must already be a member or become a member.

Are you currently involved in any other production?  Yes  No

*If yes, please list all conflicts associated with that production on the conflict calendar.*

How did you learn of these auditions?  Players Guild website  Players Guild program

Players Guild member  Social Media (Facebook, Twitter, Instagram, etc...)

Other (please specify) \_\_\_\_\_

## ROLES OF INTEREST

Time constraints may limit the number of roles you can read. Please list the two roles you want to read for most:

\_\_\_\_\_

If you are auditioning with a friend or family member, will you accept a part if they are not cast?  Yes  No

Please list any information about this casting, you feel we should know: \_\_\_\_\_

Are you ONLY interested in a lead role?  Yes  No *(Please specify lead roles you will accept below)*

\_\_\_\_\_

Will you accept a supporting role?  Yes  No *(Please specify supporting roles you will accept below)*

\_\_\_\_\_

**FOR MUSICALS ONLY:** Will you accept a role in the chorus?  Yes  No

